

ESTIMATED EARNINGS DURING MILITARY SERVICE

INSTRUCTIONS: Use a separate RI 20-97 for each branch of service. Attach DD-214 or equivalent and any available records of pay or promotions. If you do not have a DD-214 or equivalent, obtain an SF-180 from your personnel office and have your service verified before forwarding this form to the pay center. The pay center cannot provide estimated earnings unless verification of service is attached.

| | | |
|----|--|---------------|
| To | Employee name (<i>Last, First, Middle</i>) | |
| | Other names used | |
| | Social Security Number | Date of Birth |
| | All military service numbers | |
| | Branch of Service | |

The uniformed services must provide estimated basic pay by Federal employees for military service after December 31, 1956, for the purpose of making a deposit to the Civil Service Retirement and Disability Fund for retirement credit. Please provide the estimated basic pay earned by the above named employee.

| | | |
|------------------------|--|------|
| Signature of Requester | Relationship to employee <input type="checkbox"/> Employee is requester <input type="checkbox"/> Other (<i>Specify</i>) <input type="checkbox"/> Survivor | Date |
|------------------------|--|------|

| Active military service after December 31, 1956 (Dates indicated below must be based on DD-214 or equivalent certification) | | TO BE COMPLETED BY AUTHORIZED OFFICIAL Estimated Earnings (Base Pay) (Do not provide estimated earnings for any period of service prior to January 1, 1957.) | | | | |
|--|------------------|--|------------------|-------------------|----------|-------------------|
| From (Mo,Dy,Yr) | To (Mo,Dy,Yr) | From (Mo,Dy,Yr) | To (Mo,Dy,Yr) | Rate of Basic Pay | Earnings | Type of Discharge |
| | | | | | \$ | |
| | | | | | \$ | |
| | | | | | \$ | |
| | | | | | \$ | |
| | | | | | \$ | |

| | | | | |
|---|---|-----------------|---|-----------------|
| 1. If period of service began before and ended after December 31, 1956, enter date service actually began. (Mo, Dy, Yr) | 2. Lost time <input type="checkbox"/> None <input type="checkbox"/> Number of days _____ | | | |
| | <input type="checkbox"/> Inclusive dates | From (Mo,Dy,Yr) | To (Mo,Dy,Yr) | From (Mo,Dy,Yr) |
| Signature of authorized official furnishing estimate | Date (Mo,Dy,Yr) | | Telephone number (<i>including Area Code</i>) | |
| Typed name of authorized official | Title of authorized official | | | |

| |
|------------------------------|
| Requester's name and address |
| |
| |
| |
| |

Return

Completed

Form to

RI 20-97